<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trus excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST IN	V. Did you, your spouse, or a dependent child have any reportable Yes liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding Yes No \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.	III. Did you, your spouse, or a dependent child receive "unearned" recome of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.	II. Did arry individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  No  If yes, complete and attach Schedule II.	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes X  No	PRELIMINARY INFORMATION — ANSWER EACH OF T	Type X Annual (May 16, 2011) Amendment	Filer X Member of the U.S. State: Michigan Status Y House of Representatives District: #1		UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
ome, transactions, or liabilities of a spouse or dependent onsulted with the Committee on Ethics.	Ethics and certain other "excepted trusts" need not be disclosed. Have you endent child?	INFORMATION — ANSWER EACH O	Each question appropriate sche	o X. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.			VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	OF THESE QUESTIONS	Termination Termination Date:	Officer or Employing Office: Employee	Daytime Telephone: 906-265-0272	Form A  For use by Members, officers, and employees
child because Yes No	sclosed. Have you Yes No	EACH OF THESE QUESTIONS	in this part must be answered and the	arrangement with  Yes X  No	or before the date  Yes X  No	d receive any in the reporting Yes No	receive any regating more Yes No		30 days late.	A \$200 penaity shall be assessed	U.S. BELIVERED  HAND DELIVERED  (Office Use Only)	LEGISLATIVE RESOURCE CENTER  2011 MAY 12 PM 3: 47

Name
Daniel
J. Ben:
Benishek

Page 2 of 10

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. SCHEDULE I—EARNED INCOME

Exclude: Military pay (such as National Guard of Deserve Pay), receive tementary programs, and performs		
Source	Type	Amount
1	upproved Teaching Fee	\$6,000
State of Maryland	egistative Pension	\$9,000
	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Department of Veterans Affairs	Salary	\$124,707
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Name

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# SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

Source Association of American Associations, Washington, DC XYZ Magazine	Activity Speech Article	<b>Date</b> Feb. 2, 2010 Aug. 13, 2010	Amount \$2,000 \$500
None			
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	٠.	-	0	٠.		ret.		, 195 (			DC Examples	~	For rantel or other reporting period.  For rantel or other real groperty held for investment, provide a complete address.  For an ownership interest in a privately-held business from a complete address.  For an ownership interest in a privately-held business from in Block A.  Exchalte: Your personal residence including second homes and vacation homes (unless there was rental recome during the reporting period), any deposits total-recome during the reporting period), and the reporting period in the Residence of the design of the recome source is that of your apouse (SP) or dependent chair (IDC), or is jointly held with your spouse (IT), in the optional column on the failt.	ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the prover, even if not exercised, to select the specific investments), provide the value for each assert held in the account that exceeds the reporting thresholds. For retire-	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	more than \$200 in "unearned" income during the year	st income with a fair market value exceeding \$1,000 at the and of the reporting period, and (b) any other senditable asset or express of another which penetrated	identify (a) each asset held for investment or production	Þ	
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Continuation Sheet (if needed) SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name

Daniel J. Benishek

Page 5\_\_ of 10

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## **SCHEDULE IV-- TRANSACTIONS**

Name Daniel J. Benishek

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Report a or depen erty held	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000 Include transactions that	of Tra	Type of Transaction	tion	)	Date			<b>A</b>	Amount of		Tran	Transaction	3		
resulted action E dren, or ales rent (i.e.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil- dren, or the purchase or sale of your personal residence unless if gener- ates rental income. If only a portion of an asset is sold, please so indi- cate (i.e., "pertial sale"). See example below.	HASE		ANGE	3ox if Capital sceeded \$200	(MO/DAY/YR) or Ouarterly, Monthly, or	>	œ		, 0						د 2000
Capital C of \$200, s	Capital Gains — If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III	PURC	SALE	EXCH	Check E Gain Ex	Bi-weekty, if applicable	\$1,001- \$15,000	\$15,001 \$50,000	\$50,001- \$100,000	\$100,001 \$250,000	\$250,001 \$500,000	\$500,001 \$1,000,0	\$1,000,0 \$5,000,0	\$5,000,0 \$25,000,	\$25,000, \$50,000,	Over \$50.000,
SP, DC, JT	Asset															
SP	Example: Mega Corporation Common Stock (partial sale)		×			10-12-10		×			П					
4S	Seligman Premium Tech Growth Fund		×			6-9-10		X								
SP	YUM Brands		×	•		6-9-10	×						,			
qs	HSBC Holdings		X			6-9-10	Ħ								,	
SP	Power Share Water Resources		×			6-9-10	×								·	
SP	Cubist Pharmaceuticals		×	,		6-910	×								,	
SP	Nuveen Build America Bond Fund	×				4-30-10		×								
SP	Claymore Multiple Asset Portfolio Plus 2	<b>M</b> .				11-12-10		×								
SP	Columbia Mid Cap Value - A	3. 7	×			4-22-10		×								
SP	Fidelity Advisor Funds - Emerging Markets Inc - A		×		M	4-22-10		×								
SP	Nuveen Build America Bond Fund		×			11-12-10		×						· · · · · · · · · · · · · · · · · · ·		
	Nuveen Build America Bond Fund	×				4-30-10		×								
	Black Rock Build America Fund Trust	×		-		8-31-10			M							
	Claymore Multiple Asset Portfolio Plus 2	H				11-12-10		×								
	Fidelity Advisor Lever Co. Stock A		×			8-25-10		×					,			
-	Franklin Strategic Income Fund - A		×		X	4-22-10		×	·		14.		- 7			
	Franklin High Income Fund - A		×		×	8-25-10	` '	×						*		

## SCHEDULE IV— TRANSACTIONS

Name Daniel J. Benishek

											J. Hancock Float Rate C	Nuveen Build America Bond Fund	SP Example: Mega Corporation Common Stock (partial sale)	erry held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.  Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real prop-
														PURCHASE	Type of Transaction
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#### SCHEDULE V— LIABILITIES

Name Daniel J. Benishek

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charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving

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	Example:	NONE				
C	First Bank of Wilmington, DE	E				
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Liability	Mortgage on 123 Main St., Dover, DE					
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\$50,000,000	<u> </u>	<u> </u>	<u> </u>	<u>l</u>	<u> </u>	

#### **SCHEDULE VI— GIFTS**

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

 Source  Example: Mr. Joseph H. Smith, Anytown, Anystate
NONE

## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor

spouse or dependent child that is totally independent of his or her relationship to you Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a or were paid by you and reimbursed by the sponsor.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
	Mar. 2	DC—Chicago—DC	z	Z	Z	None
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Υ	Υ	2 Days
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#### SCHEDULE VIII—POSITIONS

Name Daniel J. Benishek

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position	Name of Organization
General Partner	Medical Park
President	Daniel J. Benishek, MD, PC
Vice President	Wild River Land Management & Marketing, Inc.

### SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	Terms of Agreement
	NONE	